

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90323 014 \*\*\*\*50.00  
03-11-2003 90026 040 \*\*\*\*50.00

**DOCUMENT # L00000005477**

1. Entity Name

**1530 COLLINS FUNDING, LLC**



Principal Place of Business

C/O HOWARD R. SCHARLIN  
1399 SW FIRST AVENUE 4TH FLOOR  
MIAMI FL 33130

Mailing Address

C/O HOWARD R. SCHARLIN  
1399 SW FIRST AVENUE 4TH FLOOR  
MIAMI FL 33130

**55052443**

2. Principal Place of Business

**GERALD KATCHER**

Suite, Apt. #, etc.

**1111 BRICKELL AVE STE 2920**

City & State

**MIAMI FL**

Zip

**33131**

Country

**USA**

3. Mailing Address

**1111 BRICKELL AVE**

Suite, Apt. #, etc.

**SUITE 2920**

City & State

**MIAMI FL**

Zip

**33131**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **12-4142227**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHARLIN, HOWARD R  
MELLON UNITED NATIONAL BANK BUILDING  
1399 SW FIRST AVENUE 4TH FLOOR  
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name **GERALD KATCHER**

Street Address (P.O. Box Number is Not Acceptable)

**MELLON FINANCIAL CENTER**

**1111 BRICKELL AVE STE 2920**

City

**MIAMI**

FL

Zip Code

**33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GERALD KATCHER, MANAGER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/8/03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **M** ☐ Delete  
NAME **KATCHER, GERALD**  
STREET ADDRESS **1399 SW 1 AVE**  
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGER/DIRECTOR** ☒ Change ☐ Addition  
NAME **GERALD KATCHER**  
STREET ADDRESS **1111 BRICKELL AVE**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7/8/03**

Date

**305-376-2445**

Daytime Phone #

CR2E083 (4/03)